

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
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48							
49							
50							
TOTAL IND.	1	1	1	1	1	1	
TOTAL DEP.	16	16	3	3	4	4	
TOTAL CLAIMS	17	17	4	4	5	5	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				